

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35531
 Do not use this space.

1. PLACE OF DEATH **NOV 8 1939**

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 1049
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 569 Minnie D. Limerick

(a) Residence, No. 612 Market St. Savannah Mo. St. Savannah Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert L. Limerick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	10	24	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo.

FATHER	13. NAME <u>A. Judson Durkee</u>	<u>9</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Un known</u>	<u>9</u>

MOTHER	15. MAIDEN NAME <u>Caroline</u>	<u>2</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Un known</u>	<u>Un known</u>

17. INFORMANT Robert L. Limerick
 (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah Mo. DATE Oct. 17 1939

19. FUNERAL DIRECTOR E. C. Breit
 (ADDRESS) Savannah Mo.

20. FILED Oct 16 1939 A. J. Nestlebusch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 8 1939 to Oct 14 1939
 I last saw her alive on Oct 14 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Fracture first Lumbar vertebra and left forearm 9/23/39
180 P
 Other contributory causes of importance: Hypostatic Pneumonia 10/9/39

Name of operation Cast (body) 10/10/39 Date of 10/10/39
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10/8 1939
 Where did injury occur? her residence Savannah Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fell tripping over stone
 Nature of injury fracture arm and spine

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify engaged in usual Vocational household
 (Signed) W. J. Selman M. D.
85 (Address) St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11
5
7

RECEIVED [unclear] [unclear]
INDEX CARD RETURNED TO DISTRICT
DATE 10/27/57

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

E. C. Breit

Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)